

State of Minnesota

District Court

County

Judicial District: _____

Court File Number: _____

Case Type: _____

☐ In Re the Marriage of:

Petitioner

and

Respondent

Intervenor

STATE OF MINNESOTA)
COUNTY OF _____) SS

(County where Affidavit Signed)

My name is _____. I state the following information:

Reasons Why the Existing Order Should Be Changed

1. I request a change in the existing order because of *(check all that apply)*:
 - ☐ Substantially increased or decreased gross income of the party
(check one) ☐ Obligee *(receiving support/maintenance)*
☐ Obligor *(paying support/maintenance)*
 - ☐ Substantially increased or decreased needs of the *(check at least one)*
 - ☐ joint child(ren) ☐ Obligee ☐ Obligor
 - ☐ Receipt of public assistance by the *(check one)* ☐ Obligee ☐ Obligor
 - ☐ A change in the cost-of-living for *(check one)* ☐ Obligee ☐ Obligor
 - ☐ Extraordinary medical and/or dental expenses of the child(ren).
 - ☐ A change in the availability of appropriate health care coverage or a substantial change in the cost of existing health care coverage.
 - ☐ Addition of work-related or education-related child care expenses or a substantial increase or decrease in existing work-related or education-related child care expenses of the *(check one)* ☐ Obligee ☐ Obligor
 - ☐ Receipt of social security benefits by the ☐ Obligee ☐ Obligor ☐ child(ren)
 - ☐ A change in the residence of the child(ren)
 - ☐ Emancipation of a child (name of child): _____.
2. I make the following other comments in support of my request for a change to the existing support/maintenance order:

3. *(Skip this question if motion is for spousal maintenance only)*
I am the parent of the following joint child(ren) involved in this case *(list only joint child(ren) involved in this case)*.

Joint Child's Name

Date of birth

Information From Existing Child Support Order *(Answer only those questions that apply)*

4. The existing support/maintenance order was issued by the court in _____ County and is dated _____. In that Order, I am the *(check one)* ☐ Obligor *(making payments)* ☐ Obligee *(receiving payments)*
5. At the time the existing order was issued, I was *(check all that apply)*:
☐ Unemployed
☐ Employed at _____ (company or occupation) and earned \$_____ per ☐ hour ☐ week ☐ month with a monthly gross income of \$_____
☐ Other monthly gross income totaling \$_____ from _____ (list all sources, such as unemployment compensation, workers' compensation, social security, or other source).
6. At the time the existing order was issued, to the best of my knowledge, the other parent was *(check one)*:
☐ Unemployed.
☐ Employed at _____ (company or occupation) and earned \$_____ per ☐ hour ☐ week ☐ month with a monthly gross income of \$_____ and had other monthly gross income totaling \$_____ from _____ (list all sources, such as unemployment compensation, workers' compensation, social security, or other source).
7. At the time the existing order was issued, the joint child(ren) received monthly social security or veteran's benefits in the amount of \$ _____ based on
☐ my disability ☐ other parent's disability and is paid to ☐ me ☐ other parent

Current Information About Me

8. I am currently *(check all that apply)*:
☐ Married ☐ Separated ☐ Divorced ☐ Living with a companion ☐ Single
9. I am currently *(check one)* ☐ employed ☐ unemployed *(if employed, answer the following)*:

- a. Employer: _____
- b. Address: _____
- c. Work telephone number: _____
- d. Occupation /Type of work: _____
- e. Length of employment: _____
- f. Supervisor: _____
- g. Gross Pay: \$_____ This ☐ does ☐ does not include overtime pay.
- h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly
- i. Previously employed by _____
for _____ years prior to the above employment.

10. I have the following additional sources of income:

Commissions	\$ _____	Pension Payments	\$ _____
Annuity Payments	\$ _____	Unemployment Benefits	\$ _____
Military / Naval Retirement	\$ _____	Workers' Compensation	\$ _____
Spousal Maintenance Received	\$ _____	Disability Payments	\$ _____
Self-Employment	\$ _____	Other	\$ _____

11. I receive (*check only if it applies*) ☐ MFIP ☐ Medical Assistance ☐ MinnesotaCare
☐ General Assistance ☐ SSI ☐ Child Care Assistance

12. The joint child(ren) currently receives monthly social security or veteran's benefits in the amount of \$ _____ based on ☐ my disability ☐ the other parent's disability and is paid to ☐ me ☐ other parent.

13. I am court ordered to pay monthly spousal maintenance.
(*check one*) ☐ YES ☐ NO *If yes, how much?* _____

14. I support the following nonjoint child(ren):

Child's Name	Date of Birth	Relationship	Child support monthly amount	Living in my home
_____	_____	_____	\$ _____	Yes / No
_____	_____	_____	\$ _____	Yes / No
_____	_____	_____	\$ _____	Yes / No
_____	_____	_____	\$ _____	Yes / No
_____	_____	_____	\$ _____	Yes / No

(If ordered to pay child support for any child listed above, provide copies of court orders)

15. My monthly expenses at the present time are as follows (if remarried, include total of household expenses):

	Monthly Payment at Present Time
a. <input type="checkbox"/> House payment or <input type="checkbox"/> Rent	\$ _____
b. Real Estate Taxes, if not included in (a)	\$ _____
c. Association Dues or Lot Rent (for property)	\$ _____
d. Insurance:	
Homeowners, if not included in (a)	\$ _____

	Car	\$ _____
	Life	\$ _____
e.	Utilities: (Average Monthly Amount)	
	Gas	\$ _____
	Electricity	\$ _____
	Telephone	\$ _____
	Water and garbage	\$ _____
	Cable TV	\$ _____
f.	Food	\$ _____
g.	Clothing	\$ _____
h.	Laundry/dry cleaning	\$ _____
i.	Personal allowances and incidentals	\$ _____
j.	Magazine and newspapers	\$ _____
k.	Uninsured / unreimbursed medical expenses	\$ _____
l.	Uninsured / unreimbursed dental expenses	\$ _____
m.	Child care expenses	\$ _____
n.	Transportation expenses:	
	Car payment	\$ _____
	License	\$ _____
	Gasoline	\$ _____
	Repairs	\$ _____
o.	Recreation/Entertainment	\$ _____
p.	Child(ren)'s needs (sports/school/hobbies)	\$ _____
q.	Allowances	\$ _____
r.	Other (list) _____	\$ _____
s.	Charge accounts and loans (list):	
	Name of Account	Balance Owed
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

16. The following people help me pay my current monthly expenses listed in question 15:
☐ Spouse ☐ Companion ☐ Roommate(s) ☐ Relatives ☐ No One

17. The value of the property I currently own by myself or with someone else is:
Home \$ _____
Household goods \$ _____
Purchase price of my home \$ _____
Balanced owed on my home \$ _____
Other real estate \$ _____
Checking/savings \$ _____
Automobiles \$ _____ (year and make) _____

Recreational vehicles \$_____ (year and make) _____
Personal property \$_____
Stocks/bonds/etc. \$_____

Current Information About Other Parent

18. To the best of my knowledge, the other parent is currently:
(check one) ☐ employed ☐ unemployed (if employed, answer the following):
- a. Employer: _____
 - b. Address: _____
 - c. Work telephone number: _____
 - d. Occupation / Type of work: _____
 - e. Length of employment: _____
 - f. Supervisor: _____
 - g. Gross Pay: \$_____ This ☐ does ☐ does not include overtime pay.
 - h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly ☐ Unknown
 - i. Previously employed by _____
for _____ years prior to the above employment.
19. To the best of my knowledge, the other parent has the following additional sources of income:
- | | | | |
|------------------------------|----------|-----------------------|----------|
| Commissions | \$ _____ | Pension Payments | \$ _____ |
| Annuity Payments | \$ _____ | Unemployment Benefits | \$ _____ |
| Military / Naval Retirement | \$ _____ | Workers' Compensation | \$ _____ |
| Spousal Maintenance Received | \$ _____ | Disability Payments | \$ _____ |
| Self-Employment | \$ _____ | Other | \$ _____ |
20. To the best of my knowledge, the other parent receives (check only if it applies) ☐ MFIP
☐ Medical Assistance ☐ MinnesotaCare ☐ General Assistance ☐ SSI
☐ Child Care Assistance
21. To the best of my knowledge, the other parent is ordered to pay spousal maintenance.
(check one) ☐ YES ☐ NO If yes, how much? _____
22. To the best of my knowledge, the other parent supports the following nonjoint child(ren):
- | Child's Name | Date of Birth | Relationship | Child support
monthly amount | Living in
the home |
|--------------|---------------|--------------|---------------------------------|-----------------------|
| _____ | _____ | _____ | \$ _____ | Yes / No |
| _____ | _____ | _____ | \$ _____ | Yes / No |
| _____ | _____ | _____ | \$ _____ | Yes / No |
| _____ | _____ | _____ | \$ _____ | Yes / No |
| _____ | _____ | _____ | \$ _____ | Yes / No |

Parents Health Care Coverage Information

Only answer if you are asking for a change in health care coverage and/or dental coverage for the joint child(ren).

23. **About me:** (check all that apply)

- ☐ I am court ordered to carry health care coverage for the joint child(ren)
- ☐ I now have private health care coverage available for the joint child(ren)
- ☐ I do not have or no longer have private health care coverage available for the joint child(ren)
- ☐ I cannot afford to pay my proportionate share of health care coverage for the joint child(ren)
- ☐ My proportionate share of health care coverage for the joint child(ren) should be changed
- ☐ I am court ordered to maintain health care coverage for other nonjoint children and coverage is in place for other nonjoint children.
- ☐ I have private health care coverage and/or dental insurance coverage in place for the following people: _____

Cost of monthly health care coverage for self: \$ _____

Cost of monthly health care coverage for dependents: \$ _____

Cost of monthly dental insurance for self (if separate coverage from health care coverage): \$ _____

Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \$ _____

24. Currently, there is:
- ☐ no court order that directs either parent to carry private health care coverage for the joint child(ren).
 - ☐ a court order that directs ☐ me ☐ the other parent to carry private health care coverage for the joint child(ren).
 - ☐ Medical Assistance ☐ MinnesotaCare currently in place for the joint child(ren).

25. **About the other parent:** *(check all that apply)*
- ☐ The other parent is court ordered to carry health care coverage for the joint child(ren)
 - ☐ The other parent has private health care coverage available for the joint child(ren)
 - ☐ The other parent does not have or no longer has private health care coverage available for the joint child(ren)
 - ☐ The other parent is court ordered to maintain health care coverage for other nonjoint children and coverage is in place for other nonjoint children.
 - ☐ The other parent has private health care coverage and/or dental insurance coverage in place for the following people: _____

Cost of monthly health care coverage for self: \$ _____

Cost of monthly health care coverage for dependents: \$ _____

Cost of monthly dental insurance for self (if separate coverage from health care coverage): \$ _____

Cost of monthly dental insurance for dependents (if separate coverage from health care coverage): \$ _____

Child Care Obligation

Only answer if you are asking for a change in child care support for the joint child(ren).

26. ☐ I am court ordered to pay a proportionate share of child care support and the amount

of child care support has changed.

☐ There is no court ordered child care obligation and I have child care expenses.

27. If there is an existing court order for monthly child care expenses, list the court ordered amount: \$ _____

28. The **current** total monthly costs of child care are \$ _____

The information contained in this Affidavit is true and correct to the best of my knowledge.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Signature

Print Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

E-mail address: _____